| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004  (6 / 1/9 3 64 2/10 )                                                                                  |                    |                                                                |                        |                                   |              |                                              |              |                      |                        |         |                     |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------|------------------------|-----------------------------------|--------------|----------------------------------------------|--------------|----------------------|------------------------|---------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                 |                    |                                                                |                        |                                   |              |                                              |              | SHALL ENTITY TYPE OR |                        |         | OTHER THAN          |                        |
| TO                                                                                                                                                                             | OTAL CLAIMS        |                                                                |                        |                                   |              | •                                            | RA           | ΤĒ                   | FEE                    | 7       | RATE                | FEE                    |
| FC                                                                                                                                                                             | )R                 |                                                                | NUMBER FRED            |                                   | MAKSER EXTRA |                                              | BAS          | FE                   | 150.00                 | OR      | BASIC FEE           | 300.00                 |
| π                                                                                                                                                                              | TAL CHARGE         | BLE CLAIMS                                                     | minus 20-              |                                   | •            |                                              | ×s           | X\$ 25a              |                        | OR      | X\$50-              |                        |
| INE                                                                                                                                                                            | EPENDENT C         | AIMS .                                                         | = C zunim              |                                   |              |                                              | XIC          | X100=                |                        | OR      | X200=               |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                               |                    |                                                                |                        |                                   |              |                                              | +18          | 0-                   |                        | OR      | +360=               |                        |
| * If the difference in column 1 is less than zero, enter "O" in column 2                                                                                                       |                    |                                                                |                        |                                   |              |                                              | TO           | AL                   |                        | OR      | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                    |                    |                                                                |                        |                                   |              |                                              |              |                      | ENTITY                 |         | OTHER               |                        |
| i-                                                                                                                                                                             |                    | (Column 1)                                                     |                        | · (Cotun                          |              |                                              | 3 1000       |                      | _                      | OR<br>1 | SMALL               | ENTITY                 |
| ENTA                                                                                                                                                                           | 9/18/08            | REMAINING<br>'AFTER<br>AMENDMENT                               |                        | PREVIO<br>PRID I                  | USLY         | PRESENT<br>EXTRA                             | RATE         |                      | ADOI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                                                                                      | Total              | • /                                                            | Minus                  | - 70                              |              | •                                            | X\$ 25=      |                      |                        | OR      | X\$50=              |                        |
| AME                                                                                                                                                                            | Independent        | • (                                                            | Minus<br>II TIPI E DEI | SENDENT                           | CLARM        | <u> </u>                                     | X10          | 0=                   |                        | OR      | X200=               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                 |                    |                                                                |                        |                                   |              |                                              |              | )=<br>               |                        | ОЯ      | +360=               | ·                      |
| •                                                                                                                                                                              | 8-19.05            |                                                                |                        |                                   |              |                                              |              |                      |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
|                                                                                                                                                                                | 8 //               | -                                                              |                        |                                   |              |                                              | 1            |                      |                        |         |                     |                        |
| 0                                                                                                                                                                              |                    | CLAIMS<br>REMAINING                                            |                        | HIGHEST<br>MUMBER                 |              | PRESENT                                      |              |                      | ADDI-                  |         |                     | -ADDI-                 |
| Ē                                                                                                                                                                              |                    | AFTER<br>AMENDMENT                                             | ·                      | PREVIO<br>PALD I                  |              | EXTRA                                        | RATE         |                      | TIONAL<br>FEE          |         | RATE                | TIONAL                 |
| MENDMENT                                                                                                                                                                       | Total              | • //                                                           | Minus                  | - 2                               | 6            | •                                            | . XS 2       | Se '                 |                        | OR      | X\$50=              | _                      |
| ¥                                                                                                                                                                              | Independent        | NTATION OF ME                                                  | Minus                  |                                   |              | <u>-                                    </u> | . X10        | Ŧ                    |                        | OR      | X200-               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                 |                    |                                                                |                        |                                   |              |                                              |              | ı                    |                        | OR      | +360=               |                        |
|                                                                                                                                                                                | ula.               |                                                                |                        |                                   |              |                                              |              |                      |                        | OR      | TOTAL<br>NODIT. FEE |                        |
| N (Column 1) (Column 3)                                                                                                                                                        |                    |                                                                |                        |                                   |              |                                              |              |                      |                        |         |                     |                        |
| ENT C                                                                                                                                                                          | 1904               | CLAIMS REMAINING AFTER AMENOMENT                               |                        | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA                             | RAT          | E                    | ADDI-<br>TIONAL        |         | RATE                | ADDI-<br>TIONAL        |
| ğ                                                                                                                                                                              | Total .            | • 11                                                           | Minus                  | · 2.                              |              | • /                                          | X\$ 2!       |                      | FEE                    | OR      | X\$50=              | FEE                    |
| AMENDA                                                                                                                                                                         | Independent        | • 1                                                            | Minus                  | ••• <i>á</i>                      |              | -/                                           | X100         | ┪                    |                        |         | X200=               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                 |                    |                                                                |                        |                                   |              |                                              |              |                      |                        | OR      | +360=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. |                    |                                                                |                        |                                   |              |                                              |              |                      |                        | OR 1    | TOTAL               |                        |
| -                                                                                                                                                                              | I.the Trighest Nur | nder Previously Pa<br>nder Previously Pa<br>bor Previously Pak | M For DI THE           | S SPACE IS                        | less the     | Lenter T.                                    | ADDIT.       | EE                   |                        |         | VOOIT, FEE          |                        |
|                                                                                                                                                                                |                    |                                                                |                        |                                   |              |                                              |              |                      |                        |         | •                   |                        |
|                                                                                                                                                                                | PTD-673 (Rev. 10   | · ·                                                            |                        |                                   |              |                                              | Padaci and T | edu:                 | eat Office, U.         | S, CEP  | NATIVEDIT OF        | COMMERCE               |